Fill in this information	to identify your case:	
Debtor 1	Vincent J. Domenico	
Debtor 2 (Spouse, if filing)	Kristen D. Domenico	
United States Bankrup	otcy Court for the: DISTRICT OF NEW JERSEY	
Case number 23 (If known)	-12908	Check if this is:
		 An amended filing A supplement showing postpetition chapter income as of the following date:
Official Form	1061	MM / DD/ YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part	1: Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job, attach a separate page with information about additional	Employment status	☐ Employed ■ Not employed	■ Employed□ Not employed
	employers.	Occupation	Disabled	Nurse
	Include part-time, seasonal, or self-employed work.	Employer's name		The Heritage Assited Living
	Occupation may include student or homemaker, if it applies.	Employer's address		45 Route 206 Hammonton, NJ 08037
		How long employed the	ere?	1 Year
	01 0 11 11 11			

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 0.00 \$ 7,083.33

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ 0.00

4. Calculate gross Income. Add line 2 + line 3.

Official Form 106l Schedule I: Your Income page 1

Deb		Vincent J. Domenico Kristen D. Domenico		Cas	se number (<i>if known</i>)	23	3-12908		
DCD	101 2	Mister D. Domerico		Ou	oc namber (# known)				
				F	or Debtor 1		For Debtor		
	Cop	y line 4 here	4.	\$	0.00	9	7,	083.33	
5.	l ist	all payroll deductions:							
0.	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	9	: 1	865.06	
	5a. 5b.	Mandatory contributions for retirement plans	5a. 5b.	\$		9		0.00	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	9		0.00	
	5d.	Required repayments of retirement fund loans	5d.	\$		9		0.00	•
	5e.	Insurance	5e.	\$		9	;	0.00	•
	5f.	Domestic support obligations	5f.	\$	0.00	9	;	0.00	
	5g.	Union dues	5g.	\$	0.00	9	;	0.00	•
	5h.	Other deductions. Specify:	_ 5h.+	\$	0.00	+ \$	<i></i>	0.00	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	9	;	865.06	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	9	55,	218.27	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	9	\$	0.00	
	8b.	Interest and dividends	8b.	\$		9		0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$		9		0.00	
	8d.	Unemployment compensation	8d.	\$		9		0.00	
	8e.	Social Security	8e.	\$		9	;	0.00	•
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	_ 8f.	\$		9		0.00	
	8g.	Pension or retirement income	8g.	\$	0.00	9	; 	0.00	
	8h.	Workers' Compensation disability Other monthly income. Specify: payments	8h.+	\$	3,800.00	+ 9	2	0.00	
	OII.	payments	_ 011.+	Ψ		T 4	<u>'</u>		
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	3,800.00	9	<u> </u>	0.00	
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		3,800.00 + \$_		5,218.27	= \$	9,018.27
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify:	depen		•				0.00
12.		the amount in the last column of line 10 to the amount in line 11. The result in the summary of Schedules and Statistical Summary of Certain ies						\$	9,018.27
4.5	_						L	Combin monthly	ed y income
13.	Do :	/ou expect an increase or decrease within the year after you file this form? No.	?						
	П	Yes, Explain:							

FIII	in this informa	ation to identify y	our case:					
	otor 1	Vincent J. D				Che	ck if this is:	
							An amended filing	
	otor 2 ouse, if filing)	Kristen D. D	omenico				A supplement show 13 expenses as of	ving postpetition chapter the following date:
Unit	ted States Bank	cruptcy Court for the	: DISTRI	CT OF NEW JERSEY			MM / DD / YYYY	
	se number 2 nown)	3-12908						
0	fficial Fo	orm 106J						
S	chedule	J: Your	Expen	ses				12/1
info nui	ormation. If n		eeded, atta ry question	If two married people ar ch another sheet to this 1.				
1.	Is this a joi							
	☐ No. Go t							
	■ Yes. Do	es Debtor 2 live	in a separa	ate household?				
			st file Offici	al Form 106J-2, <i>Expense</i> s	for Separate Househo	old of Deb	otor 2.	
2.	Do you hay	e dependents?	□ No					
_	•	Debtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor 2		Dependent's age	Does dependent live with you?
	5							□ No
	Do not state dependents				Son		7	■ Yes
								□ No
					Daughter		11	■ Yes
								□ No
								□ Yes □ No
								☐ Yes
3.	expenses of yourself ar	penses include of people other t nd your depende	than ents?	No Yes				
Est	timate your e	a date after the	our bankru	y Expenses uptcy filing date unless y y is filed. If this is a supp				
the		ch assistance ar		government assistance it luded it on <i>Schedule I: Y</i>			Your exp	enses
4.		or home owners and any rent for th		ses for your residence. In	nclude first mortgage	4. \$.	1,904.58
	If not inclu	ded in line 4:						
	4a. Real	estate taxes				4a. \$	5	0.00
		erty, homeowner	s, or renter	s insurance		4b. S		0.00
		· ·	•	pkeep expenses		4c. \$	·	100.00
	4d. Home	eowner's associa	tion or cond	dominium dues		4d. S	<u> </u>	0.00

0.00

Additional mortgage payments for your residence, such as home equity loans

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	otor 1 Vincent J. Domenico Kristen D. Domenico	Case number (if k	nown) 23-12908	
6.	Utilities:			
	6a. Electricity, heat, natural gas	6a. \$	450.00	
	6b. Water, sewer, garbage collection	6b. \$	250.00	
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	300.00	
	6d. Other. Specify:	6d. \$	0.00	
7.	Food and housekeeping supplies	7. \$	1,028.00	
8.	Childcare and children's education costs	8. \$	350.00	
9.	Clothing, laundry, and dry cleaning	9. \$	200.00	
10.	Personal care products and services	10. \$	279.00	
11.	Medical and dental expenses	11. \$	200.00	
12.	Transportation. Include gas, maintenance, bus or train fare.		540.00	
	Do not include car payments.	12. \$	510.00	
	Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	400.00	
	Charitable contributions and religious donations	14. \$	400.00	
15.	Insurance.			
	Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance	15a. \$	0.00	
	15b. Health insurance	15a. \$ 15b. \$	285.00	
	15c. Vehicle insurance	15b. \$ 15c. \$		
		15d. \$	200.00	
16	15d. Other insurance. Specify:	15u. \$	0.00	
	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16. \$	0.00	
17.	Installment or lease payments: 17a. Car payments for Vehicle 1	17a. \$	639.81	
	17b. Car payments for Vehicle 2	17b. \$	0.00	
	17c. Other. Specify:	17c. \$	0.00	
	17d. Other. Specify:	17d. \$	0.00	
18	Your payments of alimony, maintenance, and support that you did not report	·	0.00	
10.	deducted from your pay on line 5, Schedule I, Your Income (Official Form 106		0.00	
19.		*	0.00	
	Specify:	19.		
20.	Other real property expenses not included in lines 4 or 5 of this form or on S	chedule I: Your Inc	ome.	
	20a. Mortgages on other property	20a. \$	0.00	
	20b. Real estate taxes	20b. \$	0.00	
	20c. Property, homeowner's, or renter's insurance	20c. \$	0.00	
	20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00	
	20e. Homeowner's association or condominium dues	20e. \$	0.00	
21.	Other: Specify: Personal grooming and miscellaneous	21. +\$	300.00	
00				
22.	Calculate your monthly expenses		7 700 00	
	22a. Add lines 4 through 21.	\$_	7,796.39	
	22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J	_		
	22c. Add line 22a and 22b. The result is your monthly expenses.	\$ _	7,796.39	
23.	Calculate your monthly net income.			
	23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	9,018.27	
	23b. Copy your monthly expenses from line 22c above.	23b\$	7,796.39	
			,	
	23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$	1,221.88	
24.	Do you expect an increase or decrease in your expenses within the year after For example, do you expect to finish paying for your car loan within the year or do you expect modification to the terms of your mortgage? ■ No. □ Yes. Explain here:			a

Fill in this info	rmation to identify your	case:		
Debtor 1	Vincent J. Domen	ico		
	First Name	Middle Name	Last Name	
Debtor 2	Kristen D. Domen	ico		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States E	Sankruptcy Court for the:	DISTRICT OF NEW JERS	SEY	
Case number	23-12908			
(if known)				

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who	NOT an attorney to help you fill out bankruptcy forms?
No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice Declaration, and Signature (Official Form 119)
	read the summary and schedules filed with this declaration and
hat they are true and correct.	
hat they are true and correct. X /s/ Vincent J. Domenico	
hat they are true and correct.	X /s/ Kristen D. Domenico